

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND | | | | | | | | | | | |
|---|-----------------------------------|---|--------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: _____ | | 2 Serial/Patent # <u>107524598</u> | | | | | | | | | |
| 3 Please refund the following fee(s): | | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | |
| ✓ | Filing | 1 | 2/14/05 | \$ 100 | | | | | | | |
| | Amendment | | | \$ | | | | | | | |
| | Extension of Time | | | \$ | | | | | | | |
| | Notice of Appeal/Appeal | | | \$ | | | | | | | |
| | Petition | | | \$ | | | | | | | |
| | Issue | | | \$ | | | | | | | |
| | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | |
| | Maintenance | | | \$ | | | | | | | |
| | Assignment | | | \$ | | | | | | | |
| | Other | | | \$ | | | | | | | |
| | | 7 TOTAL AMOUNT OF REFUND | | \$ 100 | | | | | | | |
| | | 8 TO BE REFUNDED BY: | | | | | | | | | |
| 10 REASON: | | Treasury Check | | | | | | | | | |
| ✓ Overpayment | | Credit Deposit A/C #: | | | | | | | | | |
| Duplicate Payment | | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> </tr> </table> | | | 0 | 2 | -- | 1 | 8 | 1 | 8 |
| 0 | 2 | -- | 1 | 8 | 1 | 8 | | | | | |
| No Fee Due (Explanation): | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 REFUND REQUESTED BY: | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>A. Johnson</u> | | TITLE: <u>paralegal</u> | | | | | | | | | |
| SIGNATURE: <u>A. Johnson</u> | | PHONE: <u>308-9940</u> | | | | | | | | | |
| OFFICE: <u>PCT</u> | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** | | | | | | | | | | | |
| APPROVED: _____ | | DATE: _____ | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**

FORM PTO 1577
(01/90)

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